

Managed Rx Coverage (MRxC) Program Overview

Purpose

Managed Rx Coverage (MRxC) helps ensure that the prescription benefit is covering intended therapies at appropriate costs, while minimizing the impact on members at the point of service. MRxC uses clinical logic that checks utilization against the member's past drug history, looking at both retail and mail-service transactions.

Process

A claim is rejected only when the drugs being dispensed exceed pre-determined limits. The MRxC program relies on clinically based dosing and/or duration recommendations to set appropriate drug thresholds or limits. Three types of limits can be set within the MRxC program:

- 1) **Dose-Duration:** These rules allow a specific dose of a drug for a specific period of time. For instance, for Zantac, a patient is allowed 300 mg per day for up to 90 days, after which the dose must be reduced to 150 mg per day or the claim will be rejected. This ensures that the dosage is appropriate to a maintenance usage rather than an acute episode usage.
- 2) **Quantity-Duration:** These rules allow a specific quantity of a drug to be dispensed within a specific period of time. For instance, for the flu-treatment drug Tamiflu 10 tablets are allowed within any 180-day period. After 180 days, the rule resets and 10 more tablets can be dispensed. This ensures that the drug is being used when a patient actually has the flue, and not as an expensive preventive measure.
- 3) **Qualification in history:** These rules cause a claim to reject if demographic parameters are not met or prior drug therapy does not support the use of the current prescription. For instance Lotronex, a new and expensive treatment for irritable bowel syndrome, is only approved by the FDA for women over the age of 18. Any claim submitted for a male or for a woman under 18 will be rejected. Similarly, a claim for Vioxx, an expensive pain reliever, will reject if there is no history of stomach problems (e.g. use of Zantac-like drugs) *and* the person is not 65 years old.

Coverage review is available for some categories to allow for member-specific circumstances where higher quantity, dose or duration may be found to be medically appropriate. Coverage review for managed drugs may be initiated for a member by asking the prescribing physician to call the MMMC prior authorization unit at **800-458-8001**, or the member may choose to simply pay out of pocket for the prescribed therapy.

If the claim is approved, the member can fill the prescription at the prescribed dose for up to one year without having to repeat the review process. If the claim is denied, letters will be sent to the member and the prescribing physician explaining why the claim was denied and providing the process to appeal the MMMC decision.

However, for some rules there is no coverage review process. This is because there are no medical circumstances where the established limits are appropriately exceeded. In these cases, the member has the choice of paying out of pocket, discussing alternative therapies with their physician or asking the pharmacist to reduce the quantity dispensed.

State Teachers Retirement Board MRxC Rules Description

The following MRxC rules have been implemented for your plan

Standard MRxC Therapeutic Categories	Drug Names and Rule Type	Comment
Pain Therapy Management Used as a treatment for generalized pain, also in conjunction with Imitrex-like drugs (see below) for migraine headaches	Quantity Duration Drug included: Stadol Nasal Spray® Coverage Review offered Yes	<ul style="list-style-type: none"> This medication can be addictive. This medication <i>treats</i> headaches. Others are available that <i>prevent</i> headaches. Quantity limit may reduce misuse and abuse.
Migraine Therapy Management Very effective but expensive and overused treatments for migraine headaches. The quantity allowed will treat 4 headaches per month at the FDA maximum recommended dose. Migraine therapies have the potential for psychological dependence.	Quantity Duration Drugs included: Migranol Nasal Spray® Amerge® Imitrex®- (all dosage forms) Maxalt® Zomig® Coverage Review offered Yes	<ul style="list-style-type: none"> These medications <i>treat</i> headaches. Others are available to <i>prevent</i> headaches. People experiencing frequent headaches should be seen by a specialist. A one-time 5-day courtesy fill is available during the review process.
Onychomycosis Therapy Management Onychomycosis is a fungal infection most commonly causing unsightly discoloration of the toenails.	Quantity Duration Drugs included: Lamisil® Sporanox® Diflucan® Coverage Review offered Yes	<ul style="list-style-type: none"> These limits prevent over-utilization of these expensive therapies. These limits allow enough medication to effectively treat a fungal infection.
Antiemetic Therapy Management In the outpatient setting, these agents are only approved for the prevention of the nausea and vomiting generally associated with radiation or chemotherapy for cancer.	Quantity Duration Drugs Included: Zofran® Kytril ® Anzemet® Coverage Review offered Yes	<ul style="list-style-type: none"> Quantity limits may limit overuse of the medications or use for unapproved indications.

Standard MRxC Therapeutic Categories	Drug Name and Rule Description	Comment
Rheumatoid Arthritis Therapy Management Rheumatoid arthritis is a severely debilitating disease. Older drugs slowed the disease progression or simply treated symptoms. Enbrel does not treat RA but prevents further joint destruction by interfering with the destructive enzyme.	Qualification in History Drug Included: Enbrel® Coverage Review offered Yes	<ul style="list-style-type: none"> • Enbrel is indicated for reducing signs and symptoms and delaying structural damage in patients with moderate to severe rheumatoid arthritis. • Enbrel is a first-line agent. However, other medications should be tried first due to the risk of infection associated with the use of Enbrel. Enbrel is a self-injected medication.
Anti-Influenza Therapy Management These drugs reduce flu symptoms by 1-2 days but have no effect on the common cold.	Quantity Duration Drugs Included: Relenza® Tamiflu® Coverage Review offered Yes	<ul style="list-style-type: none"> • These medications are indicated to be used within 48 of noticing flu-like symptoms. They are not indicated for prevention. • Limits are established to prevent these medications from being used as a preventive treatment.
Standard MRxC Therapeutic Categories	Drug Name and Rule Description	Comment
Irritable Bowel Therapy IBS is characterized by various severity of bowel symptoms from bloating to diarrhea. There are few effective therapeutic options.	Qualification in history Drug Included: Lotronex® Coverage Review Offered Yes	<ul style="list-style-type: none"> • Only indicated for women over the age of 18 • Studies did not show equal efficacy in men and the drug was not tested in younger women

Managed Prior Authorization (MPA) Program Overview

Purpose

Managed Prior Authorization (MPA) helps ensure appropriateness of selected medications prior to dispensing. The first prescription is automatically stopped before dispensing. The appropriate use of drugs typically selected for MPA cannot be determined through the member pharmacy profile.

Process

When a claim is submitted for a drug requiring prior authorization it is rejected for payment pending review with the prescribing physician. The member or the dispensing pharmacist requests that the physician call the MMMC prior authorization unit at **800-458-8001** to provide information regarding diagnosis to an MMMC clinical pharmacist. (See table for additional access number for Retin-A and Avita) If the claim is approved, the member can fill the prescription at the prescribed dose for a clinically appropriate period of time without having to repeat the review process. If the claim is denied, a letter will be sent to the member and the prescribing physician explaining why the claim was denied and providing the process to appeal the MMMC decision.

State Teachers Retirement Board MRxC Rules Description

All MPA categories include coverage review criteria. The following MPA categories have been implemented for your plan.

Standard MPA Therapeutic Categories	Drug Name	Comments
Alzheimer's Therapy These are oral therapies that slow the progression of Alzheimer's symptoms	Drugs Included: Aricept® Cognex®	<ul style="list-style-type: none">These agents are typically reserved for treatment in patients in the early stages of the disease
Erythroid Stimulants Used primarily to treat certain types of anemia	Drugs Included: Epogen® Procrit®	<ul style="list-style-type: none">Limited quantities based on diagnosis.
Human Growth Hormones For use in AIDS wasting and for children and adults whose bodies do not produce sufficient growth hormone.	Drugs Included: Geref® Genotropin® Humatrope® Norditorpin® Nutropin® Saizen® Serostim® Protropin®	<ul style="list-style-type: none">Overuse for short stature, and anti-agingLimited use based on efficacy for indicated conditions

Standard MPA Therapeutic Categories	Drug Name	Comments
Interferons These drugs treat hepatitis or multiple sclerosis	Drugs Included: Alferon® Intron® Roferon® Infergen® Actimmune® Avonex® Betaseron® Rebetrone®	<ul style="list-style-type: none"> Specific diagnosis is needed to determine appropriateness of therapy. Dose and duration and are important considerations.
Miscellaneous Dermatologicals These drugs are effective for treating severe cystic acne Call : 800-417-1915** —————>	Drugs included: Accutane® Retin-A® Avita®	<ul style="list-style-type: none"> These should be reserved for severe cases. Serious side effects are possible with Accutane OTC products treat most cases of regular acne.
Miscellaneous Dermatologicals Used to treat lower extremity ulcers in people with diabetes	Drug included: Regranex® gel	<ul style="list-style-type: none"> Effectiveness should be monitored. Amount used is dependent on size of ulcer.
Miscellaneous Dermatologicals Used to treat skin manifestations of certain AIDS-related cancer	Drug included: Panretin® gel	<ul style="list-style-type: none"> Very expensive. Diagnosis should be verified.
Smoking Deterrents Used to help people withdraw from nicotine	Drugs Included: Nicotrol NS® Nicotrol Inhaler® Zyban®	<ul style="list-style-type: none"> Requires participation in a formal behavior modification program which significantly increases success rates.

For Retin A, and Avita, this number will expedite the review process.